Canadian Community Health Survey
topics
Cycle 1.1 Report 4

A First Look at Depression in Nova Scotia

January 2004

The Canadian Community Health Survey (CCHS) is a new health survey being conducted by Statistics Canada. Its purpose is to provide regular and timely cross-sectional estimates of health determinants, health status, and health system utilization for 136 health regions across the country. Data from the first installment of the CCHS, Cycle 1.1, was collected between May and December of 2001, and released in May 2002.

A general overview of Cycle 1.1 data is available at <http://www.gov.ns.ca/heal/downloads/cchs_dha.pdf>.

"Depression in Nova Scotia – A First Look" is the fourth in a series of reports from the CCHS Cycle 1.1. This monogram is the first report on depression from the CCHS, and will be followed by a second report on depression from the CCHS 1.2.

The examination of depression in Cycle 1.1 focuses only on the presence or absence of the major symptoms of depression whereas Cycle 1.2 looks at aspects such as: duration, frequency, severity, persistence, age of onset, physical exclusions, and degree of interference. Consequently Cycle 1.1 is more inclusive in arriving at a "diagnosis" of depression than Cycle 1.2, resulting in a higher prevalence estimate for depression in Cycle 1.1 than Cycle 1.2.

Highlights

- Nine per cent of Nova Scotians aged 12 and over report being depressed.
- Women are more likely than men to report being depressed.
- Depression is least prevalent among Nova Scotia's seniors (those aged 65 and over).
- Nova Scotians in lower income groups are more likely to report being depressed.
- Depression is more prevalent among Nova Scotians with chronic conditions.
- Eight per cent of Nova Scotians aged 15 and over report having seriously considered suicide in their lifetime.
- Less than half (41%) of Nova Scotians who report being depressed have seen a mental health professional in the past 12 months.

Rates of Depression

Those surveyed were asked if there had been a time in the past 12 months when they had felt sad, blue or depressed for two weeks or more in a row. A positive response to this question is considered a major symptom of depression and the rate at which this is reported in the population is considered an upper limit for the

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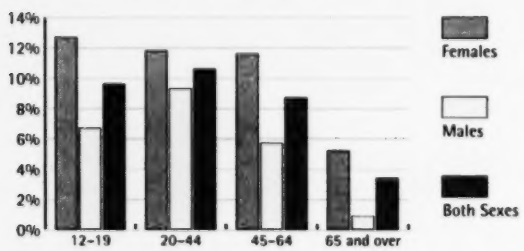
estimated rate of depression. Respondents were then asked a series of questions whose combined answers allow them to be identified as 'depressed' or not. These questions are consistent with an accepted depression scale used by mental health professionals, and when identified in this fashion as 'depressed', respondents have a 90% predicted probability of depression[1]. The number of people who are identified as depressed using this method is considered the lower limit of the estimated rate of depression.

Considering these upper and lower limits for the rate of depression, 15% of Nova Scotians 12 years and over report being sad or blue for at least a two-week period during the last 12 months (upper limit) while 9% of Nova Scotians 12 years and over are identified as being depressed (lower limit). This number is consistent with the finding of a 1999 analysis of 1994/95 NPHS data, which estimated the rate of depression in Nova Scotia at 8%,[2]—a figure that is significantly higher than the national rate of depression (7.3%).

Nova Scotians aged 65 years and over report a much lower rate of depression (3.4%) than those aged less than 65 years. This trend was similar among both men and women (Fig. 1). While the lay person may believe that rates of depression in the population would naturally increase with age, this finding of a lower rate of depression in seniors is one commonly found in studies of depression. According to one report "many people find growing older and becoming free of occupational and major family responsibilities is a time of decreased stress and increased freedom."[3]

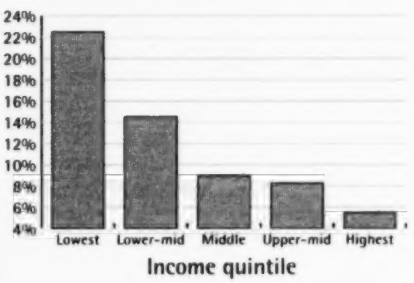
Rates of self-reported depression among those aged between 12 and 64 years (both sexes) varied between 8.7% for those between the ages of 45 and 64, and 10.6% for those between the ages of 20 and 44, but did not differ significantly between sub-groups. The prevalence of self-reported depression was significantly higher among women than among men in all age groups, except for those between the ages of 20 and 44, where no significant difference was found (Fig. 1).

FIGURE 1 Per cent Self-reported Depression by Age and Sex



Self-reported depression is more common among lower income groups (Fig. 2), with 22.5% of those Nova Scotians who report being in the lowest income quintile also report being depressed. Only 5.5% of those who report being in the highest income quintile report being depressed. The rates of self-reported depression in each of the three highest quintiles are significantly lower than the rates of depression in the lowest two quintiles.

FIGURE 2 Per cent Self-reported Depression by Income Quintile

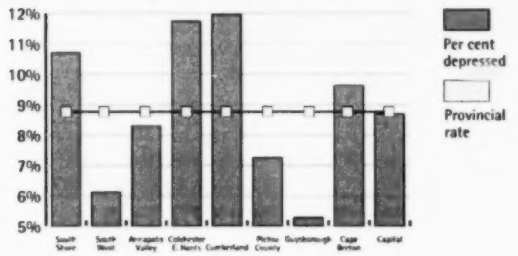


Nova Scotians with high levels of social support from friends and family are less likely to report being depressed. Fifteen per cent of Nova Scotians with "low levels of social support" report being depressed. This is a significantly higher proportion than among Nova Scotians with "medium" (7.2%) or "high" (5.2%) levels of support.[1]

Although the prevalence of self-reported depression does appear to vary somewhat across district health authorities (DHAs), none of the DHAs has a rate of depression that varies significantly from the provincial rate (Fig. 3). The only significant differences among DHAs are that Colchester East Hants (DHA 4) has a significantly higher rate of self-reported depression than both Annapolis Valley (DHA 3) and Guysborough Antigonish-Strait (DHA 7). Even though the estimated rate of self-reported depression in

Cumberland (DHA 5) is similar to that in DHA 4, it does not differ significantly from the estimated rate of depression for DHA 7. This is likely due to the difference in sample size between DHAs 4 and 5, which is reasonable, as DHA 5 is the least populated DHA.

FIGURE 3 Per cent of population with a 90% probability of depression

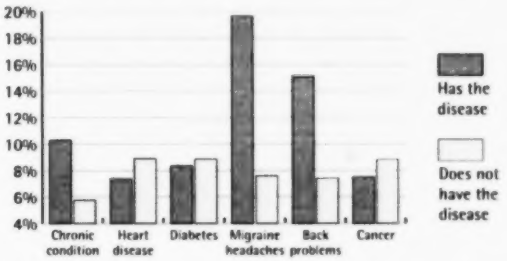


Depression and Overall Health

As one might expect, there appears to be a relationship between mental, and overall health. Among those who report good, very good, or excellent health, 7.4% report being depressed. Alternatively, 17.7% of Nova Scotians who report being in fair or poor health, also report being depressed. There are likely two reasons responsible for this relationship. Being depressed would certainly contribute to the likelihood of a person reporting poor health, but also, poor health may cause a person to become depressed. Of those who report having stayed in bed due to illness or injury in the past 14 days, 21.6% report being depressed. However, only 7.4% of Nova Scotians who were not bedridden due to illness or injury during the past 14 days report being depressed.

Those who report having a chronic condition are more likely to report being depressed (Fig. 4). Ten per cent of Nova Scotians, who report having a chronic condition, also report being depressed, while only 5.8% who do not have a chronic condition report being depressed. In examining specific conditions, significantly higher rates of self-reported depression were found among those people who report having migraine headaches or back problems, than among those without these conditions. There was no difference in the prevalence of self-reported depression between those who report having cancer, heart disease, or diabetes and those without these illnesses.

FIGURE 4 Per cent Self-reported Depression Among Those With/ Without Selected Chronic Conditions



Suicide

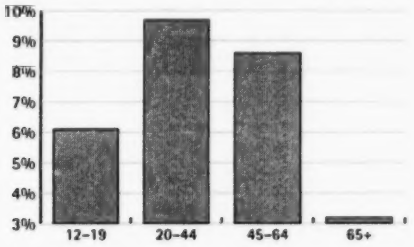
Eight per cent of Nova Scotians report having seriously considered suicide in their lifetime. This percentage does not differ significantly between men and women. Of those who have seriously considered suicide in their lives, 23.8% have had these thoughts in the past 12 months.

Consultation With a Mental Health Professional

Eight per cent of Nova Scotians report having consulted a mental health professional in the past 12 months. According to the CCHS, "a mental health professional," includes a family physician, psychiatrist, psychologist, social worker, counselor, nurse, or any other health professional contacted about a person's emotional or mental health. Forty-one per cent of those who report being depressed report consulting a mental health professional in the past year, whereas only 4.2% of those who report not being depressed consulted a mental health professional over the same time period. Females are more likely than males to report that they have consulted a mental health professional.

Nova Scotians at either end of the age spectrum are least likely to consult a mental health professional (Fig. 5). Among Nova Scotians between the ages of 12 and 19, 6.1% have contacted a mental health professional in the last 12 months. For those aged between 20 and 44 years, this rate increases to 9.7%, remaining relatively constant until it drops to 3.2% for those aged 65 years and over. These findings appear to conflict somewhat with the prevalence of self-reported depression across age groups found in this report. In particular, although those between the ages of 12 and 19 have an incidence of depression similar to people between the ages of 20 and 64, they are significantly less likely to report having contacted a mental health professional. This might suggest that young people in this province are not receiving the mental health care that they require, which may reflect the fact that they are less likely to seek treatment for, or admit to, their symptoms or that depression takes time to be diagnosed and treated.

FIGURE 5 Contact with a mental health professional by age group



An apparent disparity occurs between the prevalence of depression and access to mental health professionals. People in the lowest income quintile were more likely to see a mental health professional (for any reason) than those in the highest three quintiles.

This is to be expected since depression is also most prevalent among the lowest income groups. However, when access to mental health professionals among those who are depressed is examined a different picture emerges.

Among those who report being depressed, those in lower income groups are in fact less likely, although not significantly, to have consulted a mental health professional than those in higher income groups. Further investigation is required to determine whether this trend is a valid observation, or is due to randomness in the sample.

Other Resources

A Report on Mental Illnesses in Canada is available at the Health Canada website at http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/miic-mmac/

A collection of literature on mental health and aging is available at http://www.hc-sc.gc.ca/seniors-aines/naca/writings_gerontology/writ18/writ18_toc_e.htm

For more information on the CCHS visit http://www.statcan.ca/english/concepts/health/cchsinfo.htm

Notes

1. The depression scale is based on the work of Kessler and Mroczek, who chose a subset of items from the Composite International Diagnostic Interview (CIDI) that measure major depressive episode (MDE) and uses Criteria A through C of the DSM-III-R diagnosis of MDE, ignoring Criterion D (See. Canadian Community Health Survey Cycle 1.1 Derived Variable Specifications, 2001)
2. Stephens T., C. Dulberg, and N. Joubert, 'Mental Health of the Canadian Population: a Comprehensive Analysis.' *Chronic Diseases in Canada*, 20, no. 3 (1999). (www.hc-sc.ca/hpb/lcdc/publicat/cdic203/cd203c_e.html)
3. Pushkar, Delores and Tannis Arbuckle, 'Positive Mental Health in Aging: Challenges and Resources' *Writings in Gerontology* 18 (2002). (http://www.hc-sc.gc.ca/seniors-aines/naca/writings_gerontology/writ18/writ18_1_e.htm)

   The Medical Outcomes Study (MOS) social support index divides respondents into thirds: 1) "low levels of social support." scores of 0 to 63; 2) "medium levels of social support." scores of 64 to 73; and 3) "high levels of social support." scores of 74 to 76. The MOS social support index comes from: Sherbourne, C. D. and A. L. Stewart, "The MOS Social Support Survey", *Social Sciences & Medicine* 32, no.6 (1991): 705-714

For additional information on the data included in this report, please contact Information Management Branch, of the Nova Scotia Department of Health at (902) 424-8291.

Copies of this report are available on line at <http://www.gov.ns.ca/heal/downloads/cchs_depression Cycle 1.1_2003.pdf>